



## Supplemental Application Data Sheet

### Application Information

Application number::	10/712734
Filing Date::	11/12/03
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	3763
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	INERTIAL DRUG DELIVERY SYSTEM
Attorney Docket Number::	CPHM-P01-001
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	9
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	New Zealand
Status::	Full Capacity
Given Name::	Ian
Middle Name::	Warwick
Family Name::	Hunter
City of Residence::	Lincoln
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	6 Oakdale Lane
City of mailing address::	Lincoln

State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 01773

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jane  
Family Name:: Hirsh  
City of Residence:: Wellesley  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 15 Pierce Road  
City of mailing address:: Wellesley  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02481

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Alison  
Family Name:: Fleming  
City of Residence:: North Attleboro  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 39 Sumner Street, #1  
City of mailing address:: North Attleboro  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02760

### **Correspondence Information**

Correspondence Customer Number:: 28120

**Representative Information**

Representative Customer Number:: 28120

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/425,549	11/12/02

**Assignee Information**

Assignee name:: Collegium Pharmaceutical, Inc.  
Street of mailing address:: 400 Highland Corporate Drive  
City of mailing address:: Cumberland  
State or Province of mailing address:: RI  
Postal or Zip Code of mailing address:: 02864